20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Do Not Write Below This Line

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

Day Year

present and future threat to human health and the environment, or generation and select the best waste management method that is inted/Typed Name	Signatura	Month	Day	Year
ris L. Anderson Agent for M.D.A.C.	the Me	011	<u> 5 9</u>	O
Transporter 1 Acknowledgement of Receipt of Materials		Month	Day	Yea
ROBERT L. MUNIS	Signature Al Muni		لكل <u>ً</u>	41
Transporter 2 Acknowledgement of Receipt of Materials	Signature	Month	Day	Yes
inted/Typed Name	olymature	لللا	لل	Ш
9. Discrepancy Indication Space	하고 하는 사람들이 되었다. 그는 사람들은 사람들이 살아 있다는 것이 되었다. 그는 사람들은 그 사람이 되었다.			

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

20. Facility Owner or Operator Certification of receipt of real documents and the second of the second of receipt of real documents.

Month Day
Printed/Typed Name

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Year